

Q Answer all the followings with the most appropriate choice (100 marks?)

**1. Physiologic uses for ill-fitting dentures could be due to:**

- a. Diabetic patients.
- b. Malignant growth.
- c. Patients cannot successfully wear dentures.
- d. All the mentioned.
- e. None of the above is mentioned.

**2. Tongue and cheek biting that occurs after insertion of complete denture due to:**

- a. Thick or over extended periphery
- b. Insufficient interarch clearance between distal parts of denture bases.
- c. Inadequate amount of vertical overlap in molar region.
- d. Pressure on mental foramen
- e. Sharp edge at the post dam area

**3. Hypersalivation associated with denture wear could be due to:**

- a. Incorrect registration of the centric jaw relation.
- b. Excessive vertical dimension of occlusion.
- c. Pressure on nerves.
- d. Excessive stimulation of the salivary glands.
- e. All the mentioned.

**4. The bone resorption in the first year of wear of the teeth and in the following years continues on average.....**

- a. 1 mm each year.
- b. 0.5 mm each year.
- c. 2 mm each year.
- d. 2.5 mm each year.
- e. 1.5 mm each year.

**5. Incisal angle can be determined by all of following, except:**

- a. Aesthetic
- b. Function.
- c. Phonetic.
- d. Interaleolar distance.
- e. Ridge relationship.

**6. Which statement is correct:**

- a. Acrylic teeth result in vertical dimension being maintained, but it may be worn.
- b. Acrylic teeth result in loss of vertical dimension, but it wears opposite natural teeth.
- c. Porcelain teeth result in loss of vertical dimension, but it wears with use.

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- d. Porcelain teeth result in loss vertical dimension, but it wears opposite natural teeth.
- e. Porcelain teeth result in vertical dimension is maintained, but it wears opposite natural teeth.

**7. Retention is.....**

- a. The quality of a denture to be firm, stable, or constant.
- b. The quality of a denture that resists movement away from the tissue.
- c. Resistance to the forces of mastication, occlusal forces & other forces applied in a direction toward the denture bearing area
- d. Resistance to the forces applied in a direction towards the denture supporting foundation
- e. The quality of a denture when subjected to forces it will not change its position.

**8. V shaped palate.....**

- a. Has retention and stability
- b. Has support but no stability
- c. Provides no retention and no stability
- d. Relief should be done in the finished denture.
- e. None of the above.

**9. The squared arch form is the best one for retention because.....**

- a. It has points of contact with denture.
- b. Its resistant to the vertical forces
- c. It has two points of contact with denture
- d. It has four points of contact with denture.
- e. Its resistant to the shear force

**10. To obtain maximum interfacial surface tension**

- a. Saliva should be thick and ropy
- b. Perfect adaptation should be present between the tissues and denture.
- c. The denture base should cover a small area
- d. The denture should have minimum adhesive and cohesive force to aid in improving interfacial surface tension.
- e. The dislodging force should be increase

**11. Gravity acts when patient is in upright posture.**

- a. As a displacement force for the mandibular denture and retentive force for the maxillary denture.
- b. As a displacement force for both mandibular and maxillary dentures.
- c. As a retentive force for the mandibular denture and displacement force for the maxillary denture.
- d. As a retentive force for mandibular and maxillary dentures.
- e. None of the above.

**12. The muscles affected on retention are.....**

- a. Buccinators, Orbicularis oris, medial pterygoid
- b. Buccinators, muscle of the tongue, Zygomaticus major.
- c. Buccinators, Orbicularis oris, lateral pterygoid
- d. Buccinators, Zygomaticus minor, muscle of the tongue,
- e. Buccinators, Orbicularis oris, muscle of the tongue.

**13. Stability is decreased with**

- a. Increasing the vertical height of the ridge.
- b. Reducing the movement of flabby tissue
- c. Loss of vertical height of the ridge.
- d. Reducing the displacement force of flabby tissue
- e. Equalizing the pressure of mastication

**14. The direction of bone resorption is:**

- a. centripetal maxilla and centrifugal in mandible.
- b centrifugal in maxilla and centripetal in mandible
- c. Away from center in maxilla and toward center in mandible.
- d. Both a& b.
- e. Both a& c.

**15. The highest prosthetic complications have been recorded for complete denture wearers as a result of**

- a. Existence of inflammatory papillary hyperplasia.
- b. Existence of denture stomatitis.
- c. Loss of retention.
- d. Existence of any fracture in the denture base.
- e. None of the above.

**16. The Buccal shelf area is the primary support area for the mandibular denture because**

- a. It is usually covered by mucosa with an intervening submucous layer containing glandular connective tissue.
- b. It is usually covered by the mucosa with an intervening submuscular layer containing glandular connective tissue and orbicularis oris muscle fiber.
- c. It is not parallel to the occlusal plan.
- d. It is lined by cancellous bone.
- e. None of the above

**17. Sore spots in the mandible under artificial denture may be due to:**

- a. Overextension.
- b. Sharp edge not polished.
- c. Herpetic or aphthous ulcer.
- d. All the mentioned.
- e. None of the mentioned.

**18. Overextension in the region of the genioglossus muscle causes the following:**

- a. Forward movement of the denture when the muscle contracts.
- b. The entire denture was lifted from position.
- c. The entire denture was dislodged from position and moved forward.
- d. All the mentioned.

**19. One of the factors that affect the balanced occlusion is:**

- a. Compensatory curve.
- b. Spee curve.
- c. Occlusion curve.

- d. Wilson curve.
- e. None of the above.

**20. Occlusal plane orientation:**

- a. Perpendicular to the interpupillary line.
- b. Parallel anteriorly to the ala-tragus line.
- c. Perpendicular anterior to the ala-tragus line.
- d. Parallel anteriorly to the ala-tragus line, and posteriorly to the interpupillary line.
- e. None of the above.

**21. Factors of balanced occlusion controlled by the dentist are:**

- a. Occlusal plan, compensating curve, and condylar guidance
- b. Occlusal plan, incisal guidance, and compensating curve.
- c. Condylar guidance, incisal guidance, and occlusal plane
- d. All of the mentioned.
- e. None of the above.

**22. The influence of the contacting surfaces of the mandibular and maxillary anterior teeth on mandibular movements**

- a. Incisal angle.
- b. Bennet angle.
- c. Compensating curve.
- d. Incisal guidance.
- e. None of the above

**23. For severe ridge resorption, the appropriate occlusion scheme is:**

- a. Monoplane occlusion.
- b. Balance occlusion.
- c. Lingualized occlusion.
- d. a& b
- e. a& c

**24. Angle formed by an imaginary horizontal line at the superior bead of the condyle and the path that the condyle will pass through during function, called:**

- a. Incisal guidance.
- Condylar guidance.
- c. Cusp angulation.
- d. Plane of occlusion.
- e. None of the above.

**25. Concerning speech with full denture wearers:**

- a. Patients take 2-3 weeks to accustom themselves to dentures.
- b. No adaptation period is specified.
- c. It may take more than one year to adapt.
- d. All the mentioned.
- e. None of the above.

**26. For better speech adaptation, the rugae area should be:**

- a. Too thick.

- b. Too thin.
- c. It should be thickened to allow more space for air escape.
- d. All of the above
- e. None of the above.

**27. A reduction, or absence of saliva (xerostomia) cause-----**

- a. Imbalance of the occlusal load.
- b. Denture instability.
- c. Reduce denture retention.
- d. Denture fracture.
- e. Reduce the support of the denture.

**28. The tissue conditioner acts as -----**

- a. A hard material increases the retention of the denture
- b. A soft material that accumulates the occlusal loads in certain areas of the denture.
- c. An impression material that registers the anatomical landmark
- d. A Linear material that has no effect on distribution of the occlusal load.
- e. None of the above.

**29. The flabby ridge commonly seen in-----**

- a. Upper posterior region.
- b. Lower posterior region.
- c. Upper anterior region.
- d. Lower premolar region.
- e. Posterior palatal area.

**30. Fatigue fracture results from -----**

- a. Repeated flexing of the denture by forces too large to fracture it directly.
- b. Repeated flexing of the denture by forces too small to fracture it directly.
- c. If the patient accidentally drops the denture
- d. It might be the result of an accident in which the patient is struck by a blow to the mouth.
- e. The use of teeth that are incompatible with the particular denture base polymer

**31. The stimulation of the gauge reflex may be caused by -----**

- a. A posterior border is too thin
- b. The teeth invade the space of the tongue
- c. The posterior border of the upper denture is overextended posteriorly
- d. The edge of the denture terminates on relatively compressible mucosa so that a satisfactory post dam cannot be produced
- e. None of the above

**32. In immediate delayed implants: the implants are placed within after the tooth loss.**

- a. 6-12 days
- b. 6- 12 weeks
- c. 6-12 months
- d. All of the above

**33. Contact between an implant and a natural tooth is discouraged because:**

- a. Different angulation of implant and natural teeth

- b. Mobility differences between implants and teeth.
- c. Mobility differences between implants and teeth
- d. Cleaning and maintaining oral hygiene would be hard
- e. None of the above.

**34. All the following are false regarding surgical stent in implant retained prosthesis, except:**

- a. Interfere with soft tissue reflection
- b. Relieving the inferior border of the surgical template 3-4 mm.
- c Has limited effect on implement placement on orientation.
- d. All of the above
- c. b and c only

**35. Regarding tray design used in dental implants:**

- a. An open tray is used for pick-up technique.
- b. Preparation of a tray provides additional step in transfer impression technique.
- c. No superiority of any tray design over the other
- d. All of the above
- e. b and c only

**36. The main objective in selecting the design or endosseous dental implants is-----**

- a. The long-term success of osseointegrated interface and uncomplicated function of the prosthetic replacement.
- b. The quality and quantity of bone.
- c. The biocompatibility of implant material
- d. The occlusal forces generated by the patient
- e. None of the above.

**37. Threaded screw implants have obvious ----- --**

- a. Macroscopic retentive elements for initial bone fixation.
- b. Microscopic retentive elements for initial bone fixation.
- c. Microscopic retentive elements for primary stability.
- d. All of the above.
- e. None of the above.

**38. The Branemark system emphasizes on maintaining the fixtures unloaded for ----- --**

- a. Three months in the mandible and one month in the maxilla.
- b. Three months in the maxilla and one month in the mandible.
- c. Six months in the mandible and three to four months in the maxilla.
- d. Six months in the maxilla and three to four months in the mandible.
- e. None of the above.

**39. It is recommended by many operators to keep the recently placed implants unloaded for a period of two to eight months depending on ----- --**

- a. The clinical situation.
- b. The implant coating.
- c. The location of the implant.
- d. All of the above.
- e. None of the above.

**40. The relationship of the maxilla to the mandible is a deciding factor in determining -----**

- a. The type of occlusion of the implant supported prostheses.
- b. The length of implant
- c. The width of implant
- d. The position of implant.
- e. The material of implant

**41. During the surgical preparation of implant site, ----- should be done.**

- a. The bone should not be heated beyond 43°C.
- b. The speed of drilling equipment not to exceed 2000 rpm.
- c. Copious amount of sterile irrigation with internally irrigated drills.
- d. All of the above.
- e. None of the above.

**42. The endosseous implants classified according to their design into:**

- a. Sand blasted surface.
- b. Titanium Plasma Sprayed surface
- c. Titanium oxide surface coating
- d. Hydroxyapatite coating
- e. None of the above.

**43. Burning sensation in the maxillary anterior hard palate could be due to:**

- a. Pressure on anterior palatine foramen
- b. Pressure on mental foramen
- c. Pressure on the fovea palatine
- d. Pressure on the rugae area.
- e. None of the mentioned.

**44. A sectional impression:**

- a. Involve a posterior section impression made in a custom moulded border tray as a part of final impression
- b. Have an impression of the anterior section or facial matrix.
- c. Consists of two sections to be reassembled outside the mouth (using the indices) and prepared for casting
- d. Final impression technique used 10 immediate denture patients.
- e. All the mentioned.

**45. The extraction of a tooth followed by denture insertion is:**

- a. A complicated procedure.
- b. Indicated for a tooth with severely affected periodontal tissue.
- c. Is a method of infection control.
- d. Often indicated for philosophical patients.
- e. All the mentioned.

**46. Transitional partial (immediate) denture is:**

- a. Used for posterior teeth replacement after extraction.
- b. It is the transition from natural teeth to denture teeth.
- c. Facilitate tolerance to dentures.

- d. a and c only.
- e. All the mentioned.

**47. Classification system for edentulous patients according to the average values of residual bone height:**

- a. type I (21 mm)
- b. type II ( 16 to 20 mm)
- c. type IV (10 mm or less)
- d. a, b and c
- e. b and c

**48. Based on classification of edentulous patients, what is more important in the maxilla?**

- a. Height
- b. Width
- c. Shape
- d. Muscle attachment
- e. All of the above.

**49. Is an artificial device or any prosthesis used to replace part or all of any stomatognathic and/or craniofacial structure.**

- a. Copy denture prosthesis.
- b. Over denture prosthesis.
- c. Immediate denture prosthesis.
- d. Maxillofacial prosthesis.
- e. Telescopic denture.

**50. The reliable and cheap retention mean for maxillofacial device in partially edentulous patient is:**

- a. Adhesive.
- b. Clasp.
- c. Implant.
- d. Use undercut.
- e. Precision attachment.

**51. Best method for retention of Auricular prosthesis is:**

- a. Implant.
- b. Adhesive.
- c. Magnet.
- d. All of the above.
- e. None of the above.

**52. The objectives of maxillofacial prosthesis are:**

- a. Improve and restore esthetic.
- b. Improve and restore the function.
- c. Improve speech.
- d. A void escape of food or saliva to the nose.
- e. All of the above.



**53. Indications of maxillofacial prosthesis:**

- a. Used when plastic surgery requires various steps.
- b. When recurrence of malignancy is expected.
- c. When plastic surgery is contraindicated.
- d. B and c.
- e. All of the above.

**54. Classification level of edentulous patients in which surgical reconstruction is almost always indicated is/are:**

- a. Class II
- b. Class III
- c. Class IV
- d. Class III and IV
- e. Class II and IV

**55. Hyperplastic or redundant anterior ridge can be seen in:**

- a. Type III mandible
- b. Type III and IV maxilla
- c. Type C and D maxilla
- d. Type C and D mandible
- e. b and d

**56. How to do posterior teeth arrangement in Class II, when the discrepancy is very slight?**

- a. Upper teeth are moved to palatal direction
- b. Upper teeth are moved to buccal direction.
- c. Lower teeth are moved to palatal direction
- d. Lower teeth are moved to buccal direction.
- e. Teeth should always be arranged on the crest of the ridge in both arches.

**57. The functions of the posterior palatal seal is/are:**

- a. To aid in balanced occlusion.
- b. Increases retention and stability by creating partial vacuum.
- c. To ensure a complete seal thus helping in retention of a denture.
- d. b and c are true.
- e. Retention of mandibular denture by sealing its posterior margin.

**58. Regarding the anatomical considerations for posterior palatal seal which of the following is wrong:**

- a. The post palatal seal is extending from one tuberosity to the other.
- b. Pterygomaxillary seal is extend from one tuberosity to the other.
- c. Pterygomaxillary seal extend through pterygomaxillary notch continuing for 3-4 mm anterolaterally approximation the mucogingival junction.
- d. The fovea palatine is not a reliable indicator for the location of the vibrating line.
- e. The seal area narrows down in the mid palatine area due to the lack of connective tissue and the prominence of the posterior nasal spine

**59. Regarding the techniques of recording the posterior palatal seal area, which of the following is the least accurate technique?**

- a. Conventional approach.

- b. Fluid wax technique.
- c. Arbitrar scraping of master cast.
- d. band c
- e. None of the above.

**60. Over extension of the maxillary complete denture can lead to:**

- a. Ulceration of the soft palate and painful deglutition
- b. The most frequent complaint from the patient ,will be that swallowing is painful and difficult
- c. The hamuli are covered by the denture base, the patient will experience sharp pain, especially during function.
- d. a, b and c are true.
- e. a and b are true.

**61. By instructing the patient to say "AH" with short, vigorous bursts, the clinician can best visualize the:**

- a. Soft palate
- b. Posterior vibrating line.
- c. Anterior vibrating line
- d. Junction of the soft and hard palate.
- e. Posterior nasal spine.

**62. To avoid fracture in single C.D:**

- a. Deepen the Labial frenum.
- b. Maintain adequate thickness of acrylic.
- c. Do not use metal denture base.
- d. All of the above.
- e. None of the above

**63. Single complete denture making is more complicated than the conventional upper and lower complete denture procedure. Single complete denture making is less complicated than the conventional upper and lower complete denture procedure.**

- a. The two statements are true.
- b. The two statements are wrong.
- c. The first statement is true and the second one is false.
- d. The first statement is false and the second one is true.
- e. None of the above.

**64. The single mandibular denture opposing restored complete or partial maxillary dentition presents a unique challenge for clinicians due to:**

- a. Situation often is compounded by the finding of severe residual ridge resorption of the edentulous mandible.
- b. Conventional treatment is nearly impossible.
- c. Limited denture-bearing area of the edentulous mandible
- d. Small surface area of mandible compared with maxilla
- e. All of the above choices are factors that contribute to the complexity of this clinical situation.

**65. During the construction of a maxillary single denture opposed by mandibular natural anterior teeth**

**try to:**

- a. Increase vertical overlap
- b. Decrease horizontal overlap within limit.
- c. Increases horizontal overlap within limit.
- d. All of the above.
- e. None of the above.

**66. Metallic denture base most indicated for:**

- a. Flat atrophied ridge.
- b. Maxillary single denture opposed to previous single denture.
- c. Maxillary single denture opposed to mandibular natural teeth.
- d. Maxillary single denture opposed by metallic RPD posteriorly.
- e. None of the above.

**67. What does aging refer to in the context of geriatric dentistry?**

- a. Reversible changes with time.
- b. Inevitable changes with time.
- c. Temporary changes with time
- d. Optional changes with time.
- e. Accelerated changes with time.

**68. The main goals of geriatric dentistry are:**

- a. To maintain oral health of individuals.
- b. To maintain ideal health and function of masticatory system by establishing adequate preventive measures.
- c. In diseased patients maintaining oral and general health.
- d. All of the above.
- e. None of the above.

**69. Statements about dental geriatrics /all true except one:**

- a. Geriatric dentistry means treating a full denture patient
- b. Dentists who treat geriatric patients should consider the changes in age when they plan their clinics and select their assistants
- c. Geriatric patient is expected to have physiological, pathological, and psychological changes.
- d. The basic concept of age is the loss of adaptivity.
- e. Injury for both hard and soft tissues.

**70. Regarding the oral mucosal changes with aging all the following are true except:**

- a. diminishing of minor salivary glands.
- b. Epithelium thinner, more fragile, more keratinized.
- c. Increase in pathological changes
- d. Loss of collagen and elastin from fibers.
- e. Lesions more common and slower to heal.

**71. Atrophy of masticatory muscles in geriatric patients will affect all the following except:**

- a. Chewing time.
- b. Biting force.
- c. Swallowing time.
- d. Functional movements during mastication.
- e. Phonetic.

**72. The loss in height of the anterior lower ridge is:**

- a. Three times that of the upper.
- b. Two times that of the upper.
- c. Four times that of the upper.
- d. The same as the upper.

**73. According to the American of Prosthodontics type II residual ridge resorption bone height:**

- a. 11-15 mm measured at the least vertical height of the mandible.
- b. 10 mm or less measured at the least vertical height of the mandible.
- c. 21mm or greater measured at the least vertical height of the mandible.
- d. 16-20 mm measured at the least vertical height of the mandible.
- e. More than 25mm measured at the least vertical height of the mandible.

**74. Methods to determine the amount of residual ridge bone loss:**

- a. Visual examination.
- b. Palpation.
- c. Orthopantomographic radiograph.
- d. All of the above.
- e. None of the above.

**75. Anatomic factors associated with R.R.R. include:**

- a. The size and shape of the ridge.
- b. The type of bone
- c. The type of muco-periosteum.
- d. All of the above.
- e. None of the above.

**76. Residual ridge resorption occurs:**

- a. In males and females.
- b. Young and old.
- c. With or without dentures.
- d. All of the above.
- e. None of the above.

**77. The criteria for the impression material selected for implant crown and bridge fabrication are:**

- a. Dimensionally stable for a reasonable time needed.
- b. Adequate working time.
- c. Flowability.
- d. Sufficient tear strength.
- e. All of the above

**78. For establishing a pleasing facial contour;**

- a. Only the length is important.
- b. Thickness of all denture borders is not important.
- c. The length and thickness of all denture borders are important.
- d. All of the mentioned.
- e. All mentioned are not important.

**79. The changes for miscommunications are likely to be decreased if;**

- a. The patient understands what the dentist prefers.
- b. The dentist understands what the patient prefers.
- c. The patient obeys what the dentist offers
- d. The dentist does what the patients suggests
- e. All the mentioned.

**80. In female ----- --**

- a. The distal surface of the centrals is rotated anteriorly for females.
- b. The mesial surface of the lateral incisors is rotated posteriorly in relation to the centrals.
- c. The incisal edge of the central incisors is parallel to the lips and the laterals are above the occlusal plane
- d. The incisal edges of the central and lateral incisors follow the curve of the lower lip.
- e. The mesial end of the laterals is hidden by the centrals.

**81. Proper support for cheeks and lips is obtained;**

- a. If the denture borders are inadequate
- b. When the folds of the cheek are too accentuated.
- c. When the lips are too thin
- d. All of the mentioned. ·
- e. None of the mentioned.

**82. Factors that influence the size of anterior teeth are:**

- a. Color of the face
- b. Form of arches.
- c. Amount of available inter-arch space.
- d. Width of the lip
- e. Measured distance between distal of right and left maxillary molar.

**83. Strunt's classification classify the implant material according to-----**

- a. The type of the material metallic or non-metallic.
- b. The type of the abutment
- c. The type of surface treatment
- d. The biocompatibility of material with the bone.
- e. The type of the connection of implant body and the abutment

**84. The bioactive materials promote bonding to bone by-----**

- a. Providing bonding sites for collagen fibers.
- b. Providing an environment which favors osteoblast over fibroblast
- c. Releasing ions which promote hydroxyapatite formation.
- d. All of the above.

e. None of the above

**85. The poisoning effect of titanium is low because-----**

- a. The oxide layer released ions that could go on to reach with organic molecules.
- b. It has low corrosion resistance.
- c. The metal is passivated by the immediate formation of the surface oxide during manufacturing
- d. The oxide film in contact with the tissue as practically soluble.
- e. It has high elastic modulus

**86. Grade 2 commercially pure titanium CpTi is.....**

- a. The softest titanium, the most ductile, and made as barrier for GBR procedure
- b. Offers high mechanical properties
- c. Used for abutment parts
- d. The hardest type
- e. The least ductile

**87. Vitreous carbon:**

- a. Stable and well thoroughly tolerated material
- b. Radiolucent in X-ray.
- c. Brittle and lack of ductility
- d. It has not performed well in clinical practice and high percentage of clinical failure and withdrawal of this device
- e. All of the above

**88. Using of Al<sub>2</sub>O<sub>3</sub> or TiO<sub>2</sub> particles to produce rough surface of implants to form a very irregular surface with pits and depressions, this surface modification is:**

- a. Machined surfaces
- b. Sand-blasted surfaces
- c. Chemically etched surfaces
- d. Porous Sintered surfaces
- e. Plasma sprayed surfaces

**89. In a copy denture any modification done to the basic shape:**

- a. Fit the patient's complaint
- b. Those considered essential by the dentist
- c. a and b
- d. Only replacement of worn anterior artificial teeth
- e. None of the mentioned

**90. A duplicate- denture is indicated for:**

- a. Older patients need replacement with improved fit.
- b. Old deteriorated and stained denture base material
- c. Physically or psychologically impaired patients
- d. All of the mentioned
- e. None of the mentioned

**91. One of the techniques used for denture duplication:**

- a. Pour resin or cup flask method
- b. Soap container method

- c. Agar container method
- d. All of the mentioned
- e. None of the mentioned

**92. A copy denture is:**

- a. A second denture intended to be a copy of the first denture
- b. The trial denture before flashing
- c. A template denture
- d. All of the mentioned
- e. None of them mentioned

**93. During duplication the teeth can be changed.**

- a. Mesiodistal width
- b. Labiolingual width
- c. Inclination
- d. Position
- e. None of them mentioned

**94. All true about that temporary duplicate dentures, except:**

- a. Patient needs progressive modification
- b. Patient's capacity to adapt is in doubt
- c. Patient complaints are not clear
- d. Could be fabricated with low cost and with less clinical and laboratory time
- e. None of their above

**95. The goals of an overdenture:**

- a. Maintaining teeth as part of the residual ridge and decreasing bone resorption.
- b. Improving esthetics and masticatory function.
- c. Decline in the patient's manipulative skills in handling the denture.
- d. Increase in the rate of bone resorption.
- e. Preventing caries and periodontal disease.

**96. Indications for an overdenture:**

- a. Small maxillary or mandibular bone effects
- b. Class I Angle's classification
- c. Complete edentulism
- d. Healthy periodontal condition
- e. An alternative line of treatment to single dentures opposing few natural teeth

**97. The contraindications of an overdenture:**

- a. Good oral hygiene
- b. Cost and time considerations
- c. Adequate inter-arch space
- d. No mental or physical handicap
- e. None of the above

**98. Advantages of overdenture prosthesis:**

- a. Preventing caries

- b. Replacing missing teeth
- c. convertibility and effective management
- d. Do not affect bone resorption
- e. Improving aesthetics

**99. Disadvantage of overdenture:**

- a. Periodontal disease of the retained teeth.
- b. No Encroachment of the interocclusal distance beyond the denture space.
- c. Small and not bulky denture
- d. Time consuming and not expensive
- e. Preservation the abutments as part of residual ridge to gain support

**100. The primary factor that determines the type of implant overdenture is:**

- a. Patient's desires
- b. Number of implants placed.
- c. Residual alveolar ridge for support.
- d. Quality of the bone.
- e. Patient's general health

**101. How many implants are typically required for a mandible implant retained and tissue-born overdenture?**

- a. 2-4 implants.
- b. 7-8 implants.
- c. 3-4 implants.
- d. 1 implant.
- e. 5-6 implants.

**102. Contraindication of Implant supported overdenture:**

- a. Patient have worn removable dentures previously.
- b. Adequate bone substance for placement of at least two implants.
- c. Realistic patient expectation
- d. Proper patient motivation
- e. None of the above.

**103. The theory of the neutral zone approach to complete dentures is-----**

- a. To locate that area in the edentulous mouth where the teeth should be positioned so that the forces exerted by the lip will tend to stabilize the denture rather than unseat it.
- b. To locate that area in the edentulous mouth where the teeth should be positioned so that the forces exerted by the teeth will tend to stabilize the denture rather than unseat it.
- c. To locate that area in the edentulous mouth where the teeth should be positioned so that the forces exerted by the muscles will tend to stabilize the denture rather than unseat it.
- d. To locate that area in the edentulous mouth where the teeth should be positioned so that the forces exerted by the residual ridge will tend to stabilize the denture rather than unseat it.
- e. To locate that area in the edentulous mouth where the teeth should be positioned so that the forces exerted by the tongue will tend to stabilize the denture rather than unseat it.



**104. In the neutral zone technique-----**

- a. Stability and retention are not affected
- b. Correct positioning of posterior teeth allowing sufficient tongue space.
- c. Increase the food trapping adjacent to the molar teeth
- d. Poor esthetic due to facial support
- e. The neutral zone denture tissue surface area is lower than the conventional denture.

**105. Which muscle has no influence on neutral zone:**

- a. Muscles of the Tongue.
- b. Buccinators.
- c. Lateral pterygoid.
- d. Orbicularis Oris.
- e. None of the above.

**106. Indications of neutral zone techniques-----**

- a. Severely atrophic mandibular ridge.
- b. Low mentalis attachment.
- c. Typical shape.
- d. Good bone quality.
- e. Total glossectomy.

**107. The limitation for the success of neutral zone impression technique:**

- a. The higher the viscous of the material used, the easier for the muscle to mold
- b. Geriatric patients could suffer from the procedure due to loss of their muscular tone
- c. Poor retention and stability of the bases, so as the comfort
- d. The resultant neutral zone is often wide and might be lingually placed, this will affect functional movement of the tongue and phonetics
- e. The technique does not offer any guidelines for the selection of teeth

**108. The advantages of zest anchor (intra-radicular attachment):**

- a. Leverage to the abutment tooth is increased
- b. Attachment procedure is simple
- c. Parallelism is necessary if more than one tooth is used due to the flexibility of the nylon
- d. Overcomes any space problem since the attachment is within the root structure
- e. Casting is required

**109. Hader bar attachment-----**

- a. Rotational and vertical movement possible because of relief spacers between the units.
- b. Rigid, resilient, or the stress breaker type.
- c. It consist of preformed plastic bar and clips. The bar is attached to the coping wax-up and is casted with the coping.
- d. Retention is by the flexible arms or the female unit fitting over the undercut head of the male unit.
- e. Retention wings for engagement of the clip into the resin in overdenture, spacer is supplied, so that the clip does not rest directly on the bar providing both rotational and vertical movement.

**110. All true about Dalbo attachment, except:**

- a. Rigid, resilient, or the stress breaker type
- b. Male part is soldered to the tooth and the housing to the base

- c. The rigid type has a cylindrical male unit with a rounded head
- d. Rotational and vertical movement impossible because of relief spacers between the units
- e. The resilient is the smallest and the most commonly used